



TO STUDY THE MORPHOLOGICAL FEATURES OF THE DEVELOPMENT OF PRIMARY TEETH IN BOTTLE-FED CHILDREN

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Annotation: Teething is a multifactorial process that requires a careful analysis of the child's general health. There is a common belief among parents and healthcare professionals that teething symptoms can and should be controlled. Today, there are pharmacological and non-pharmacological methods for treating symptoms of eruption of primary teeth. The article presents possible approaches to alleviating the symptoms that arise during this period, draws attention to the problem of competent and timely assessment of symptoms and identifying the real causes of children's poor health, as well as the risks of using pharmacological drugs.

Key words: symptoms of the eruption of primary teeth, treatment, drug, method, remedies to facilitate the eruption of primary teeth.

INTRODUCTION

A newborn has no teeth in the oral cavity. During this period, the mucous membrane covering the edge of the alveolar process forms a dense cushion over it. The mucous membrane of the oral cavity in newborns has a similar structure in all parts; differences appear later. The structure of the gums of infants differs from the gums of adults: the connective tissue is more delicate, there are fewer elastic fibers, and there are more cellular elements. At the end of the child's first year of life, there is a noticeable increase in elastic tissue in the gums. Slight hyperemia was noted in the soft tissues surrounding the tooth before eruption. As the dental follicles develop, the alveolar process begins to rise above the level of the floor of the oral cavity and the hard palate. At the sites where teeth erupt, small elevations appear—protrusions of the gums above the teeth approaching the surface.

MATERIALS AND METHODS

There is no single universal theory of tooth eruption that can provide a satisfactory explanation for the numerous factual data obtained in the course of studying the normal development of the tooth and its various disorders. At the same time, the mechanisms postulated by different theories are not

necessarily mutually exclusive. Teeth eruption can be a multifactorial process, combining the action of several mechanisms.

Several theories have been proposed to explain the mechanisms of teething. Four of them deserve the most attention, in which the main mechanisms include [1]:

- *tooth root growth;*
- *increase in hydrostatic pressure in the periapical zone or dental pulp;*
- *reconstruction of bone tissue;*
- *periodontal traction.*

RESULTS AND DISCUSSION

Teeth are considered to have erupted when they reach the occlusal surface, i.e. contact with the teeth of the opposite jaw. In this case, part of the enamel in the cervical area remains under the gum. Temporary teeth begin to erupt in a child at 6–7 months. The timing of the formation of teeth, their eruption, formation and resorption of roots is individual for each child, therefore different authors indicate different data. The generally accepted timing of teething is presented in the table.

The timing of the eruption of primary teeth is one of the morphofunctional constants of the child's body, so not only dentists, but also pediatricians study this process.

With normal development of a child, the eruption of primary teeth occurs in the middle period. A significant delay in the onset of teething indicates a violation of the child's physical development, some kind of metabolic disorder or a general somatic disease. In practically healthy children, in 3.25% of cases, late eruption of primary teeth is possible, when the lower central incisors appear after 1 year. Anamnesis data indicate that late eruption of primary teeth is typical for one of the child's parents.

Timing of teething	
Temporary teeth	Teething, month
I	6–8
II	8–10
III	16–20
IV	12–16
V	20–30

The information obtained confirms the influence of the genetic factor on the process of eruption of primary teeth in a child.

The eruption of primary teeth is a physiological process that, as a rule, is not accompanied by any general or local pathological manifestations. However, in some children, during the eruption of primary teeth, disturbances in the general condition are noted, characterized by an increase in body temperature, refusal to eat, and possible dyspepsia. The child becomes restless and sleeps poorly. Hypersalivation was noted, and in the oral cavity there was hyperemia and local swelling of the gums in the projection of the erupting tooth.

The eruption of primary teeth is influenced by many factors. Some researchers assign the main role to the genotype, but the influence of environmental factors cannot be denied.

The answer to the question about the gender characteristics of the eruption of primary teeth in the literature is ambiguous. Yet most authors believe that there are no sex differences.

The literature contains data on the process of eruption of primary teeth in children with a burdened antenatal history. There is a direct relationship between the degree of prematurity of the child and the timing of the eruption of primary teeth.

The course of pregnancy also affects the process of eruption of primary teeth. Metabolic changes are more pronounced in pregnancy toxicosis. When examining children under 3 years of age whose mothers suffered from toxicosis of pregnancy, it was found that the period of eruption of primary teeth in them is extended by approximately 2 times. The mother's health has a direct impact on teething. Some authors note that the eruption of primary teeth occurs at a later date in children born to mothers with heart defects.

Physiological teething is characterized by:

- deadlines;
- pairing;
- consistency.

In healthy children, cases of violation of the pairing and sequence of eruption of primary teeth are usually not detected.

The greatest influence on the timing of the eruption of temporary teeth is exerted by diseases suffered during the first year of a child's life; a moderate influence is exerted by bad habits of the mother and toxicosis of the 2nd half of pregnancy. Chronic diseases in the mother and diseases during pregnancy have a weak influence on the timing of the eruption of primary teeth.

The period of eruption of primary teeth is always quite stressful in the life of a child and his parents, causing concern for both. Both among parents and among pediatricians and pediatric dentists, there is an opinion that teething can cause symptoms such as pain, swelling of the gums, rhinitis, fever, diarrhea, etc. In most cases, teething in children begins at the age of 4–7 months and occurs in a more or less definite sequence: incisors, premolars, canines, molars. Despite the fact that this is a natural physiological process, almost all children during the teething period are capricious, feel discomfort, and become restless.

Severe pain and swelling of the gums, which is accompanied by crying, restlessness, and the child's refusal to eat, may require the use of special local anesthetic gels, for example, Lident Baby (manufactured by the Akrikhin company). Leader Baby contains the antiseptic lidocaine hydrochloride at a concentration of 0.33%1, as well as the antiseptic cetylpyridinium chloride, which is effective against most pathogens of gingivitis.

Lidocaine hydrochloride has a local anesthetic effect of double action: it blocks the conduction of a nerve impulse and prevents its formation at the starting point. Cetylpyridinium chloride is an oral antiseptic of the first category according to the FDA2 system. It has an antibacterial effect, especially against gram-positive microorganisms; fungicidal effect, especially against yeast fungi, including fungi of the genus *Candida*.

CONCLUSION

Further research on the issues of teething in order to develop unified tactics for alleviating discomfort during this difficult period of treatment and preventing possible problems in the health of babies should continue. When assessing the physical development of a child, the biological age (the degree of maturity of the body) is usually diagnosed, which is necessary to determine the most favorable period for entering a preschool institution and school, the optimal period of early sports orientation, as well as for conducting various judicial procedures. medical examinations. For many chronic diseases of

childhood, there are no specific symptoms in the early stages. That is why a violation of physical development can serve as one of the first signs of ill-being and an indication for an in-depth examination of the child. Dental age (the number of teeth that have erupted) is one of the most important signs of a child's physical development.

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